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AUTHOR Kautzmann, Lisette
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ABSTRACT

Guidelines for feedback on professional behavior during field work were developed for students during initial exposure to the clinical practice of occupational therapy. Using Likert's Method of Summed Ratings, brainstorming and a review of the American Occupational Therapy Association Field Work Performance Report resulted in the generation of a list of 38 items for feedback. Items were organized into three categories and matched with a five-point interval scale. After field testing, the opinionnaire was distributed to 50 junior and 50 senior University of Wisconsin-Milwaukee occupational therapy students and 55 clinical faculty. Responses were tallied by summing the scores for each item on the scale for each group. The resulting scores were used to assign the items to one of five response categories. Numerical values for the five categories of response were determined by multiplying the number of respondents in each group by each of the five numbers of the interval scale. Items that were scored in the favorable or above range by either students or clinical faculty were included in the final list of guidelines for feedback. Findings indicate that students valued and were willing to use feedback. Clinical faculty also wanted students to receive and use feedback. The study questionnaire is appended. (Author/SW)

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THE DEVELOPMENT OF GUIDELINES FOR FEEDBACK ON PROFESSIONAL BEHAVIOR IN LEVEL I FIELD WORK PERFORMANCE

LEARNING THEORY AND APPLICATIONS SEMINAR

by

Lisette Kautzmann, M.S., OTR

University of Wisconsin-Milwaukee

JERRY J. STEPIEN, Ed.D.

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ABSTRACT

Author: Kautzmann, Lisette N.

Title: The Development of Guidelines for Feedback on Professional Behavior in Level I Field Work Performance

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Occupational therapy students and clinical faculty at the University of Wisconsin-Milwaukee have expressed a need for a list of topic areas for feedback on student performance in the clinical setting. The purpose of this study was to develop guidelines for feedback on professional behavior during Level I field work.

Using Likert's Method of Summed Ratings, brainstorming and a review of the American Occupational Therapy Association Field Work Performance Report resulted in the generation of a list of 38 items for feedback. Items were organized into three categories and matched with a five point interval scale. After field testing, the opinionaire was distributed to 50 junior and 50 senior University of Wisconsin-Milwaukee occupational therapy students and 55 Level I clinical faculty. Responses were tallied by summing the scores for each item on the five point scale, for each group. The resulting scores were used to assign the items to one of five response categories. Numerical values for the five categories of response were determined by multiplying the number of respondents in each group by each of the five numbers on the

interval scale. Items that were scored in the favorable or above range by either students or clinical faculty were included in the finalized list of guidelines for feedback.

Findings indicate that students value and are willing to use feedback. They want information on their ability to implement patient treatment and learn clinical techniques. Clinical faculty also want students to receive and use feedback. They value feedback on affective skills and behavior related to adjustment to the clinical setting.

It was recommended that the level of student understanding of the importance of confidentiality of patient related-information be ascertained. Development of a sequential structure for Level I field work which will promote linkages between and among the field work experiences was recommended. An examination of the use and value of activity analysis was suggested. The guidelines for feedback should be presented to the students and clinical faculty. Further research on the effectiveness of the guidelines was recommended as well as dissemination of the results of the study to other academic and clinical faculty.

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Chapter 1

INTRODUCTION

The purpose of this study was to develop guidelines for feedback on professional behavior in Level I field work performance. Level I field work is an introductory exposure to the clinical practice of occupational therapy. Occupational therapy students at the University of Wisconsin-Milwaukee complete a Level I field work experience in psychosocial dysfunction during the first semester of their junior year and an experience in physical disabilities in the first semester of their senior year. These experiences occur in a variety of settings in the surrounding community. The on-site supervision is provided by clinical faculty. The program coordination and integration with didactic course work is the responsibility of the academic faculty.

Clinical faculty have stated that it is difficult to provide feedback on professional behavior to Level I field work students. Clinical faculty do not know what feedback is valued by students and students frequently are not skillful in asking for feedback. Guidelines for the provision of feedback on professional behavior during Level I field work are non-existant.

Using Likert's Method of Summed Ratings (Best, 1977:170-171), brainstorming and a review of the Level II evaluation form (American Occupational Therapy Association, 1973) a list of items for feedback on professional behavior during Level I field work was developed.

Each item on the list was matched with a five point interval scale. After field testing, the opinionaire was distributed to University of Wisconsin-Milwaukee junior and senior occupational therapy students and Level I clinical faculty. Responses were tallied by summing the scores for each item on the Likert-type scale for each group. Using the resulting scores, the items were assigned to one of the following categories: most favorable response possible, favorable, neutral, unfavorable, and most unfavorable. Items which were identified as most favorable by both students and clinical faculty were included in the list of topics for feedback on professional behavior during Level I field work.

Background

The University of Wisconsin-Milwaukee is a doctoral-granting, urban university that was formed in 1965 by a merger of the Wisconsin State College-Milwaukee and the University of Wisconsin Extension Center. The mission statement of the University of Wisconsin-Milwaukee commits the University to maintaining high quality undergraduate and graduate programs and developing new programs designed to meet the needs of metropolitan populations.

The Occupational Therapy Program is located in the School of Allied Health Professions. It is a four year program leading to a Bachelor of Science degree. After completing a two year preprofessional course of study, with a 2.5 Grade Point Average, a student is eligible to apply to the professional program. Fifty students are admitted to the professional program annually. A strong background

in the natural and social sciences in the preprofessional curriculum prepares the student for advanced courses in occupational therapy theory and practice. As part of their academic course work, students participate in two levels of field work.

Both clinicians and academicians agree that field work serves as a link between theory and practice. Field work has been an integral component of occupational therapy education since the first Standards for an Approved Educational Program were adopted in 1923. The present Standards of an Accredited Educational Program for the Occupational Therapist (American Occupational Therapy Association, 1983) require two levels of field work experience.

> Level I Field Work includes those experiences designed as an integral part of the didactic course work for the purpose of directed observation and participation in selected field settings. These experiences are not expected to emphasize independent performance or to be considered substitutes for or part of the sustained Level II Field Work.
>
> The purpose of Level II Field Work is to provide an in-depth experience in delivering occupational therapy services to clients.

Since Level I field work is a component of the occupational therapy theory courses, the academic faculty generally construct the learning objectives, suggest related learning experiences, and design a mechanism to evaluate and/or validate the clinical learning. Clinical faculty provide a setting for implementation of the learning activities and supervision. Provision of feedback as a process evaluation by clinical instructors allows students to modify and change their behavior in the clinical setting. As a result, the students' repertoire of behavioral skills is enlarged and upgraded and their

preparation for the next level of field work and clinical practice is enhanced.

Statement of Problem

Recent research in the development of objectives for Level I field work indicated that academic faculty value feedback to students on their strengths and weaknesses in professional behavior more than clinical faculty and that alternative ways of providing feedback to Level I field work students should be developed because many students do not know how to ask for relevent feedback (Kautzmann, 1984). The problem is that there is no specific list or guidelines of valued topics for clinical faculty to use in providing constructive feedback to students on their strengths and weaknesses in professional behavior.

Statement of Purpose

The purpose of this investigation was to develop a list of topic areas that can be used as guidelines for feedback on professional behavior in Level I field work. The resulting list of topics can be used as a structure through which students can change or modify clinical learning through feedback. The topic list of valued areas for feedback can be used by University of Wisconsin-Milwaukee occupational therapy clinical faculty as a process evaluation prior to the summative evaluation.

Significance

In his discussion of feedback, Carlson (1978:125) indicates that providing information that students can use during their course work can make a highly valuable contribution to student learning.

Casbergue supports Carlson's statement and suggests that feedback is one of the most helpful tools in clinical education (1978:181). Feedback should be separate from the grading process and specific opportunities for feedback should be included as an integral part of college teaching (Carlson, 1978:151). In his discussion of feedback for learning, Carlson cites McKeachie's findings that there is a positive correlation between the amount of feedback given and the amount of learning that occurs (1978:126). Carlson identifies two stages in the feedback process: gathering evidence of student attainment, and relaying corrective information back to the student (1978:133).

The list of feedback topics provides the clinical faculty with guidelines for gathering evidence of student attainment and thus meets the identified need for a structured format for the provision of feedback on professional behavior in Level I field work. Kautzmann's studies (1984) indicate that students place a high value on feedback. They are eager to learn and grow in their professional skills and value the opinion of their clinical instructors. The use of the list of valued topics for feedback by clinical faculty insures that students will receive information on their professional behavior during their Level I field work and, as a result, will have an opportunity to improve their cognitive, affective, and psychomotor practice skills.

Definition of Terms

The following terms were used in this study.

Academic faculty refers to occupational therapists who are responsible for delivering the didactic portion of an occupational therapy education program. These therapists are hired by the university

and have responsibilities in the areas of research, teaching, and community service.

Clinical faculty are occupational therapists who are responsible for presenting the clinical or field work portion of an occupational therapy educational program. These therapists are employees of a clinical facility and may or may not have additional responsibilities in the areas of patient treatment, employee supervision, and administration.

Feedback refers to authoritative information students receive that will modify responses to instruction and guide them more efficiently in attaining the goals of the course (Carlson (1978:126).

Field work refers to a clinical learning experience in which the student has the opportunity to observe and participate in an occupational therapy program in a clinical facility, under the direction of a registered occupational therapist.

Occupational therapy is the use of goal-directed activity in the remediation or growth and development of persons who have deficits or delays in the occupational performance areas of self-care, work, or leisure.

Registered occupational therapist (OTR) is a person who has successfully completed an occupational therapy program and the occupational therapy certification examination.

Limitations

This study was limited to areas of feedback on professional behavior perceived as valuable by University of Wisconsin-Milwaukee junior and senior occupational therapy students and Level I clinical

faculty. Since not all students and clinical faculty returned the opinionaire, the findings may reflect a response bias.

Assumptions

It was assumed that the respondents understood the directions for completing the opinionaire. It was further assumed that the respondents' answers accurately represented their perceptions of the value of each item for feedback on professional behavior during Level I field work.

Chapter 2

REVIEW OF RELATED LITERATURE

Carlson defines feedback as authoritative information students receive that will reinforce or modify responses to instruction and guide them in attaining course goals (1978:126). Johnson describes' feedback as the act of providing a person with information on your response to his or her behavior (1981:22-23). Constructive information on how behavior affects and is perceived by others influences learning by providing validation of effective behavior and direction and focus for behavioral modification and change.

Characteristics of effective feedback have been listed by several authors. Feedback should be focused on behavior, descriptive rather than judgemental, related to a specific situation rather than abstract behavior, applied to the here and now as opposed to the there and then, presented as a shared perception rather than giving advice, and concerned with actions that a person can change. Feedback should not be forced on another person and a person should not be given more feedback than s/he can understand (Johnson, 1981:23-25). Caspergue (1978:185-186) replicates Johnson's list with the exception of the following items. Feedback can be verified or checked by the recipient through rephrasing to see if it corresponds with the intent of the sender. Feedback can be verified or checked to determine the degree of agreement from others. Collusion, which is the unwillingness of the

teacher or learner to take the risk of giving or receiving feedback, should be avoided. Feedback skills can be improved by paying attention to the consequences of feedback. Constructive feedback is an important step toward authenticity in a relationship.

Feedback is recognized as an important skill for clinical educators. In their discussion of clinical evaluation, Irby, Evans, and Larson cite Mackenzie's list of four reasons for measuring clinical performance: to certify competence, to maintain quality in health care delivery, to provide feedback to the learner, and to improve the instructional process (1978:20). Casbergue places feedback with the process of ongoing evaluation and aligns it with the proposition that the purpose of evaluation is improvement in performance (1978:176). The provision of ongoing, systematic feedback by the clinical teacher is vital if movement from the position of certifying the accomplishment or nonaccomplishment of clinical learning objectives to facilitating progressive learner growth is to occur (Casbergue, 1978:176). Casbergue advocates the recognition and reinforcement of appropriate behavior and early correction of incorrect or inadequate behavior. He states that ongoing feedback is essential to the process of continued improvement of learning and motivation (1978:176). Matuschak cites research by Sommerfeld and Accola indicating that the average student in a clinical setting receives very little feedback on his or her performance (1983:88). Formative evaluations, conducted at frequent intervals, can be used to address the needs of individual students and point out areas for change in performance and teaching/learning effectiveness (Matuschak, 1983:88). Casbergue suggests that in

planning and implementing clinical learning assignments, daily contact and feedback ensures that students know how they performed and what aspects of the planning process were successful or differed from the plan (1978:180). Irby, Evans, and Larson advocate providing students with opportunities to practice clinical skills and receive feedback insted of grades in order to free them from the fear of making mistakes and allowing them the opportunity to practice for the sake of learning (1978:21).

Christie, Joyce, and Moeller, in their 1981 study of occupational therapy field work, found that experienced occupational therapy field work supervisors had changed their perceptions of their role as student supervisors, with a major change occurring in the area of feedback. Supervisors became aware of their responsibility to provide regular, timely, constructive feedback to students. Through experience, these supervisors perceived that they became more assertive and able to confront students regarding areas needing change or improvement. Another finding of this study was that both occupational therapy field work supervisors and students identified poor feedback skills as the major characteristic of ineffective supervisors and the ability to give feedback as one of the top three characteristics of good supervisors. This finding was echoed in Brown's study of the characteristics of clinical teachers (1981:13). According to Brown, the ability to provide useful feedback is an imperative component of the clinical teaching-learning environment and valued by both nursing students and faculty.

Chapter 3

PROCEDURES AND METHODOLOGY

Following the procedure for the Likert Method of Summed Ratings (Best, 1977:170-177), a group of nine occupational therapy students enrolled in a research seminar at the University of Wisconsin-Milwaukee and the course instructor participated in a modified brainstorming exercise designed to generate a number of items for a list of statements about professional behavior related to Level I field work performance. In addition to the brainstorming exercise the group reviewed the American Occupational Therapy Association form for evaluating Level II field work performance (1973) for relevant items. The resulting list of statements was organized into three major categories: treatment implementation, treatment planning and reporting skills, and ability to adjust to the clinical setting. Each item on the list was matched with a five point interval scale with five representing the highest value and one representing the lowest value (see Appendix A). The opinionaire was field tested by a group of 10 non-randomly selected students and clinical faculty. The group had no suggestions for change in the form or content of the opinionaire. The opinionaire was distributed in class to all of the 50 junior and 50 senior students enrolled in the Occupational Therapy Program at the University of Wisconsin-Milwaukee. The students were given a second copy of the opinionaire and asked to take it to their clinical instructor and request return to them or the

course instructor. In cases where more than one student was supervised by a clinical instructor, one student was assigned to give the opinionaire to the clinical instructor. The opinionaires were color coded to discriminate between students and clinical faculty. Participants were asked to complete each item on the opinionaire.

The original plan for treatment of data was to total the scores for each item, for each group, and compare the means. This method did not produce information that was useful in achieving the purpose of the study. Significant differences between the two groups were minimal and the results did not include sufficient information on valued items for each group. Therefore, the method for analyzing the data was altered as follows. Using Best's (1977:170-177) description of Likert's Method of Summed Ratings, responses were tallied by summing the scores for each item on the Likert-type scale for each group. The resulting scores were used to assign each item to one of the following categories: most favorable response possible, favorable, neutral, unfavorable, and most unfavorable response. Numerical values for each category of response were established by multiplying the number of respondents in each group by each of the numbers on the five point interval scale. Items that were scored favorable or above by either students or clinical faculty were included in the finalized list of guidelines for feedback on professional behavior during Level I field work.

Chapter 4

PRESENTATION OF RESULTS

Sixty-six out of 100 students and 35 out of 55 clinical faculty completed and returned the opinionaire. Following Likert's Method of Summed Ratings (Best, 1977:171-177), the number of respondents in each group was multiplied by each number on the five-point interval scale to establish numerical values for each response category (see Table 1).

Table 1

Numerical Value of Each Response Category for Students and Clinical Faculty

Response Category	Students	Clinical Faculty
Most favorable response possible	66 x 5 = 330	35 x 5 = 175
Favorable	66 x 4 = 264	35 x 4 = 140
Neutral	66 x 3 = 198	35 x 3 = 105
Unfavorable	66 x 2 = 132	35 x 2 = 70
Most unfavorable response	66 x 1 = 66	35 x 1 = 35

The scores for each item on the Likert-type scale were summed for each group. Table 2 is a presentation of the summed scores for each group in the category of treatment implementation.

Table 2

Treatment Implementation Summed Scores
for Students and Clinical Faculty

Item	Students	Clinical Faculty
Ability to interact with patients in a way that facilitates treatment goals	298	157
Ability to instruct patients	273	137
Ability to give instructions clearly	262	145
Ability to sequence instructions appropriately	250	138
Ability to respond appropriately to specific patient behaviors	279	141
Alertness to symptomotology and precautions	273	153
Accuracy in performing specific evaluation techniques	265	116
Ability to work with the patient as a whole person	285	151
Accuracy in performing specific treatment techniques/activities	260	119
Accuracy of activity analysis	205	126
Appropriateness of treatment/ activity selections	265	125

Students placed seven of the eleven total items in the category of treatment implementation in the favorable or above range. In this category, five items were included in the favorable or above range by clinical faculty.

Summed scores in the category of treatment planning and reporting skills for each group are listed in Table 3.

Table 3

Treatment Planning and Reporting Skills Summed Scores for Students and Clinical Faculty

Item	Students	Clinical Faculty
Accuracy in identifying and prioritizing patient problems	259	129
Ability to maintain confidentiality of patient-related information	256	159
Ability to identify the theory or rationale related to a treatment approach or procedure	258	142
Ability to participate in clinical problem solving with therapist	265	143
Accuracy in written documentation of patient behavior	260	128
Ability to follow written documentation procedures and format	251	137
Accuracy in observation and verbal reporting	235	139
Appropriateness of knowledge base for caseload	274	153
Ability to identify the relationship between occupational therapy treatment and interdisciplinary goals	273	129

'Students rated three out of the nine items in the category of treatment planning and reporting skills in the favorable or above range. Four items were placed in this range by clinical faculty.

Table 4 is an enumeration of the summed scores for items related to the category of ability to adjust to the clinical situation for each group.

Table 4

Ability to Adjust to the Clinical Situation Summed Scores for Students and Clinical Faculty

Item	Students	Clinical Faculty
Appropriately participates in the maintenance of supplies, equipment and clinical area	190	106
Compliance in following hospital and departmental policies, procedures and regulations	241	150
Appropriate use of time	243	155
Ability to interact with department and facility staff appropriately	263	154
Willingness to receive and use feedback	306	165
Ability to ask for help or information appropriately	287	167
Ability to ask relevant questions	273	155
Appropriateness of personal appearance	229	148
Ability to take initiative appropriately	286	144
Demonstrates an active interest in the clinical program	267	159
Ability to appear appropriately confident in patient-student interactions	267	140

Table 4 (Continued)

Ability to Adjust to the Clinical Situation Summed Scores for Students and Clinical Faculty

Item	Students	Clinical Faculty
Ability to appear appropriately confident in student-staff interactions	262	138
Ability to respond appropriately to unexpected or unusual situations	261	128
Ability to work harmoniously with staff	259	151
Dependability in carrying out assigned tasks promptly and accurately	275	159
Ability to perform up to staff expectations	250	134
Willingness to remediate deficiencies in knowledge base	282	150
Openess to learning clinical techniques	301	162

In the category of ability to adjust to the clinical setting, students placed nine out of 18 total items in the range of favorable or above. Clinical faculty rated 14 items in the favorable or above range for this category.

The items which were placed in the favorable or above range by either students or clinical faculty were selected for inclusion in the finalized list of topics for feedback. Guidelines for feedback on professional behavior in Level I field work are presented in Appendix B.

Chapter 5

INTERPRETATION, CONCLUSIONS AND RECOMMENDATIONS

Interpretation of Results

Twenty-four items from the 38 item list of suggested topics for feedback were placed in the range of favorable or above by either students or clinical faculty. These items comprised the list of guidelines for feedback on professional behavior in Level I field work. Generally, clinical faculty placed high value on items included in the category of ability to adjust to the clinical setting. Students valued feedback on treatment implementation and were not as concerned as clinical faculty with their ability to adjust to the clinical setting. The category least valued by both groups was treatment planning and reporting skills.

In comparing the scores of the two groups for each category, both students and clinical faculty placed the following items from the category of treatment implementation in the favorable or above range: ability to interact with patients in a way that facilitates treatment goals, ability to respond appropriately to specific patient behaviors, alertness to symptomatology, and ability to work with the whole person. In this category, students valued ability to instruct patients, accuracy in performing specific evaluation techniques, and appropriateness of treatment/activity selections more than clinical faculty. Clinical faculty valued ability to give instructions clearly more than students.

Neither group valued feedback on ability to sequence instructions properly, accuracy in performing specific treatment techniques/ activities, and accuracy of activity analysis.

Comparisons in the category of treatment planning and reporting skills reveal that both students and clinical faculty valued feedback on ability to participate in clinical problem solving with the therapist and accuracy in observation and verbal reporting. Clinical faculty rated feedback on ability to maintain confidentiality of patient-related information higher than students. Items that were not valued topics for feedback by either group include accuracy in identifying and prioritizing patient problems, ability to identify the theory or rationale related to a treatment approach or procedure, accuracy in written documentation of patient behavior, ability to follow written documentation procedures and format, appropriateness of knowledge base for the caseload, and ability to identify the relationship between occupational therapy treatment and interdisciplinary goals.

In rating the category of ability to adjust to the clinical setting, students and clinical faculty placed the following items in the favorable or above range: willingness to receive and use feedback, ability to ask for help or information appropriately, ability to ask relevant questions, ability to take initiative appropriately, demonstrates an active interest in the clinical program, ability to appear appropriately confident in patient-student interactions, dependability in carrying out assigned tasks promptly and accurately, willingness to remediate deficiencies in knowledge base, and openess to learning clinical techniques. In addition, clinical faculty valued feedback on

compliance in following hospital and departmental policies, procedures, and regulations, appropriate use of time, ability to interact with department and facility staff appropriately, and ability to work harmoniously with staff. Appropriately participates in the maintenance of supplies, equipment, and clinical area, ability to respond appropriately to unexpected or unusual situations, ability to appear confident in student-staff interactions, and ability to perform up to staff expectations were not valued as feedback topics by either group.

A review of the ranking of items by each group indicates that willingness to receive and use feedback was the most prized item for students and the second most prized for clinical faculty. Clinical faculty gave highest value to feedback on ability to ask for help or information appropriately. The second highest score given by student raters was feedback on openess to learning clinical techniques. This item was rated third by clinical faculty. The third item for students was ability to interact with patients in a way that facilitates treatment goals. Both groups placed lowest value on receiving feedback on appropriately participates in the maintenance of supplies, equipment, and clinical area. This was the only item that received a rating in the neutral range. Students also placed low value on feedback on accuracy of activity analysis and appropriateness of personal appearance. Clinical faculty placed low value on feedback on the accuracy in performing specific evaluation techniques and accuracy in performing specific treatment/activity techniques. This group placed slightly higher value on feedback on accuracy of activity analysis, appropriateness of treatment/activity selections, accuracy in written

documentation of patient behavior, ability to identify the relationship between occupational therapy treatment and interdisciplinary goals, and ability to respond appropriately to unexpected or unusual situations.

Conclusions

Most of the items were perceived as having some merit as a topic for feedback on professional behavior since only one item was rated in the neutral range and none of the items were placed in either the unfavorable or most unfavorable response range. The findings resulted in the identification of patterns and values held by each group.

Students see the field work experience as their first opportunity to apply didactic learning and thus value and are willing to use feedback. They want information on their ability to interact with patients in a manner that facilitates treatment goals and on their progress in learning clinical techniques. In contrast to the clinical faculty, they would like feedback on their ability to instruct patients, to perform evaluation and treatment techniques accurately, and to select appropriate activities. They do not perceive the need for feedback on maintaining the physical facilities and either do not understand that their personal appearance is related to professional behavior or believe that their appearance is appropriate for the clinical setting. Feedback on maintaining confidentiality of patient-related information was rated lower by students than clinical faculty. Since this item has legal implications, it would be important to ascertain whether students were unaware of the importance of maintaining confidentiality or if they

assumed that they would not break confidentiality and thus would not need to receive feedback on this topic.

Clinical faculty value feedback on affective skills and behavior that will allow the student to blend into the clinical setting with minimal disturbance. This is evidenced by the value placed on feedback on compliance with regulations, policies, and procedures, good use of time, ability to interact with department and facility staff appropriately, and ability to work harmoniously with staff. Clinical faculty would like students to be open to what they have to teach them, be able to ask questions and to receive and use feedback. They want students to ask for help or information and to be open to learning clinical techniques. They do not expect students to participate in maintaining the physical facilities, respond appropriately to unusual or unexpected situations, perform specific evaluation and treatment techniques, understand the relationship between occupational therapy treatment and interdisciplinary goals, or to be able to accurately select or analyze activities. They do expect to give feedback on ability to observe and report verbally on patient behavior; however, they place less priority on feedback related to accuracy in written documentation.

Some of the topics for feedback on professional behavior during Level I field work that were not highly valued by clinical faculty become major areas of concern in Level II field work. These include: ability to follow written documentation procedures and format, accuracy in written documentation, accuracy in identifying and prioritizing patient problems, accuracy in performing evaluation and treatment

techniques, and appropriateness of treatment/activity selections. Thus, it would seem appropriate to begin addressing these areas of professional behavior during the Level I experience. Handley and Schmalz's three stage developmental structure for Level I field work is an example of this approach (1984).

The lack of importance to both groups of feedback on the accuracy of activity analysis has major implications since activity analysis is a core concept of occupational therapy. It has been identified as one of the legitimate tools of the profession by Mosey (1981:89). Mosey's view is supported by Hopkins, Smith, and Tiffany (1983:223-227) and Barris, Kielhofner, and Watts (1983:181-184).

Recommendations for the Improvement of Practice, Including Strategies for Diffusion, Implementation and Improvement

Students and clinical faculty have expressed interest in a list of topic areas for feedback on professional behavior in Level I field work. The guidelines developed from this study represent a new tool for enhancing clinical learning. It is expected that the guidelines will make a strong contribution to University of Wisconsin-Milwaukee occupational therapy students' abilities to utilize the learning experiences available to them during this preliminary field work experience and to the clinical faculty's skills in serving as facilitators of learning.

Mutual development of the guidelines provided assurance that each group's needs were addressed in the finalized list of topics. Clinicians need to heighten their awareness of the positive value

students place on feedback related to treatment implementation and learning clinical skills and students should recognize the importance to the clinical faculty of feedback on ability to adjust to the clinical setting.

It is recommended that academic faculty take responsibility for ascertaining the level of student understanding of the importance of maintaining confidentiality of patient-related information and including information on this topic in the curriculum. Academic faculty also should initiate a joint effort with the clinical faculty to sequentially structure both of the Level I field work experiences in a manner that will facilitate linkages between and among Level I and Level II field work. An examination of the use and value attached to activity analysis should be undertaken by academic faculty. Need for continuing education and additional emphasis in didactic course work should be investigated.

The guidelines for feedback on professional behavior in Level I field work should be included in the students' Level I orientation materials and distributed at the annual meeting of Level I clinical faculty. The results of the study and a discussion period should be a component of both presentations. Further research on the effectiveness of the guidelines in structuring feedback on professional behavior during Level I field work should be conducted. It is recommended that the guidelines be field tested for one semester. After this period, comments and recommendations should be solicited from students and clinical faculty which then would be used for guideline revision. It is further recommended that the results of this study be shared with

other academic and clinical educators through conference presentations or a journal article.

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PROPOSED TOPICS FOR FEEDBACK ON STUDENT PERFORMANCE DURING LEVEL I FIELD WORK

The following is a list of proposed topic areas for feedback on student performance during Level I field work. The purpose of this questionnaire is to identify valued topics. In rating each item, consider your perceptions of its value as a topic of feedback on performance during the Level I field work experience. Please circle one number for each item.

	Not valuable				Highly Valuable
Ability to interact with patients in a way that facilitates treatment goals	1	2	3	4	5
Ability to instruct patients	1	2	3	4	5
Ability to give instructions clearly	1	2	3	4	5
Ability to sequence instructions appropriately	1	2	3	4	5
Ability to responds appropriately to specific patient behaviors	1	2	3	4	5
Alertness to symptomatology and precautions	1	2	3	4	5
Accuracy in performing specific evaluation techniques	1	2	3	4	5
Ability to work with the patient as a whole person	1	2	3	4	5
Accuracy in performing specific treatment techniques/activities	1	2	3	4	5
Accuracy of activity analysis	1	2	3	4	5
Appropriateness of treatment/ activity selections	1	2	3	4	5
Accuracy in identifying and prioritizing patient problems	1	2	3	4	5
Ability to maintain confidentiality of patient-related information	1	2	3	4	5
Ability to identify the theory or rationale related to a treatment approach or procedure	1	2	3	4	5
Ability to participate in clinical problem solving with therapist	1	2	3	4	5
Accuracy in written documentation of patient behavior	1	2	3	4	5
Ability to follow written documentation procedures and format	1	2	3	4	5
Accuracy in observation and verbal reporting	1	2	3	4	5
Appropriateness of knowledge base for the caseload	1	2	3	4	5
Ability to identify the relationship between occupational therapy treatment and interdisciplinary goals	1	2	3	4	5
Appropriately participates in the maintenance of supplies, equipment and clinical area	1	2	3	4	5

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	Not valuable				Highly valuable
Compliance in following hospital and departmental policies, procedures and regualtions	1	2	3	4	5
Appropriate use of time	1	2	3	4	5
Ability to interact with department and facility staff appropriately	1	2	3	4	5
Willingness to receive and use feedback	1	2	3	4	5
Ability to ask for help or information appropriately	1	2	3	4	5
Ability to ask relevent questions	1	2	3	4	5
Appropriateness of personal appearance	1	2	3	4	5
Ability to take initiative appropriately	1	2	3	4	5
Demonstrates an active interest in the clinical program	1	2	3	4	5
Ability to appear appropriately confident in patient-student interactions	1	2	3	4	5
Ability to appear appropriately confident in student-staff interactions	1	2	3	4	5
Ability to respond appropriately to unexpected or unusual situations	1	2	3	4	5
Ability to work harmoniously with staff	1	2	3	4	5
Dependability in carrying out assigned tasks promptly and accurately	1	2	3	4	5
Ability to perform up to staff expectations	1	2	3	4	5
Willingness to remediate deficiencies in knowledge base	1	2	3	4	5
Openess to learning clinical techniques	1	2	3	4	5

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GUIDELINES FOR FEEDBACK ON PROFESSIONAL
BEHAVIOR IN LEVEL I FIELD WORK

Guidelines for Feedback on Professional Behavior in Level I Field Work

Ability to interact with patients in a way that facilitates treatment goals

Ability to instruct patients

Ability to give instructions clearly

Ability to respond appropriately to specific patient behaviors

Alertness to symptomatology and precautions

Accuracy in performing specific evaluation techniques

Appropriateness of treatment/activity selections

Ability to maintain confidentiality of patient-related information

Ability to participate in clinical problem solving with therapist

Accuracy in observation and verbal reporting

Compliance in following hospital and departmental policies, procedures, and regulations

Appropriate use of time

Ability to interact with department and facility staff appropriately

Willingness to receive and use feedback

Ability to ask for help or information appropriately

Ability to ask relevant questions

Appropriateness of personal appearance

Ability to take initiative appropriately

Demonstrates an active interest in the clinical program

Ability to appear appropriately confident in patient-student interactions

Ability to work harmoniously with staff

Dependability in carrying out assigned tasks promptly and accurately

Willingness to remediate deficiencies in knowledge base

Openness to learning clinical techniques